

FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHPatten 5440  
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>124</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>139</u>			
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		50			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location) <u>2128 Monroe 0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MAHALA</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>HOAGLAND</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb-7-1949</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Nov-17-1873</u>			
9. AGE (In years last birthday) <u>75</u>		10. MONTHS <u>2</u> DAYS <u>18</u>		9. AGE (In years last birthday) <u>75</u>		10. MONTHS <u>2</u> DAYS <u>18</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Adair Co Mo 0</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>									
13a. FATHER'S NAME <u>John Gillespie</u>				13b. MOTHER'S MAIDEN NAME <u>Margaret Kessin</u>		14. NAME OF HUSBAND OR WIFE <u>Daniel Hoagland</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>1144X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm Hazel Noel Brookfield Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute nephritis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>  <u>zero</u>  <u>zero</u>	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>1144X</u>					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>June</u> , 1946, to <u>Feb 7</u> , 1949, that I last saw the deceased alive on <u>Feb 7</u> , 1949, and that death occurred at <u>5:25 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W. H. Patten</u>				23b. ADDRESS <u>Brookfield Mo</u>		23c. DATE SIGNED <u>2-12-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-10-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>			
DATE REC'D BY LOCAL REG. <u>2-15-49</u>		REGISTRAR'S SIGNATURE <u>W. B. Ewain</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Will Funeral Home Brookfield Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed J. K. Blacklock

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2246

P. O. Address Brookfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.